

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient experience of treatment decision making for wet age-related macular degeneration disease: a qualitative study in China
AUTHORS	Bian, Wei; Wan, Junli; Tan, Mingqiong; Wu, Xiaoqing; Su, Jun; Wang, Lihua

VERSION 1 - REVIEW

REVIEWER	Hugo Senra Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK.
REVIEW RETURNED	24-May-2019

GENERAL COMMENTS	<p>This is a very interesting qualitative study addressing treatment decision making in wet AMD patients. The study topic is relevant, and methods were adequately employed. However, the article would still benefit from additional improvements before being fully considered for publication. The article would also benefit from language editing to improve grammar and its readability.</p> <p>Pg.2; Ln. 29-34 – Please avoid saying that this is the first qualitative study on the topic as there might be other qualitative studies published in related topics – e.g.: Bian W, Wan J, Smith G, Li S, Tan M, Zhou F. Domains of health-related quality of life in age-related macular degeneration: a qualitative study in the Chinese cultural context. BMJ Open. 2018 Apr 17;8(4):e018756.</p> <p>Pg.2; Ln 36-44: It is not accurate to state that from a qualitative study we might get relevant recommendations to formulate interventions, so I'd suggest removing this sentence.</p> <p>Pg.3; Ln 25-27 – This statement on independent and dependent patients is not clear. It would be useful to explain these concepts with what sort of factors have been associated with decision making in this particular case.</p> <p>Pg.4; Ln 44 – What was the criterion to go for this sample size? Did authors use saturation as main criterion? In study limitations authors acknowledged data saturation so it would be useful to acknowledge saturation in this section too. The other relevant omission is a paragraph on how authors would acknowledge reflexivity in this study, as this is paramount to address any potential sources of bias when conducting qualitative research.</p>
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	<p>Pg.5 – Data Analysis – How many researchers were involved in data analysis – was data analysed independently by two or more researchers?</p> <p>Pg.10 – Discussion; Ln.27 – Please avoid saying this is the first study conducted in China.</p> <p>Discussion: this section is too much focussed on contextualising this study in China and addressing some cultural variables in relation to main findings. However, it would also be very useful to compare main findings against other studies conducted outside of China. There are several other qualitative studies addressing topics related to decision making in AMD patients in other countries such as Australia, UK, US and Netherlands.</p>
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REVIEWER	Ann-Louise Caress University of Huddersfield, United Kingdom
REVIEW RETURNED	10-Jun-2019

GENERAL COMMENTS	<p>This paper relates to a clinically important problem (AMD) and a sound justification is made for the selection of this topic. The use of a qualitative design is appropriate; within the Chinese context and in relation to this condition, this approach is novel. A pragmatic naturalistic approach, with thematic analysis was adopted – this is appropriate, though does limit the depth of analysis. Pleasingly, the team involved patients in the design of the interview topic guide, which is a strength of the work. The COREQ checklist is and demonstrates acceptable design and conduct of the work; note – this checklist inaccurately states that a phenomenological approach was employed. Thematic analysis was conducted appropriately. The findings are broadly presented appropriately and the figure usefully summarises the themes and accompanying categories. Word limits inevitably constrain the presentation of data extracts, leading to a sense of superficiality in the data; use of text boxes to present additional/longer data extracts, including (where present) contrasting views would have been useful. The discussion does draw upon some pertinent literature, but is overall rather superficial. Limitations of the study are acknowledged. Conclusions are appropriate, arise logically from the findings and do not over-claim. The potential challenges associated with implementing the recommendations and steps needed in order to realise these in policy and practice are not adequately addressed. The paper is well-presented. There are some minor issues with English expression, but these do not affect clarity.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer Number: 1

1. Comment: The article would also benefit from language editing to improve grammar and its readability.

Response: We thank the reviewer's comments. The paper has been reviewed and corrected for spelling and grammatical correctness by Dr. Graeme Smith, a native English speaker from Edinburgh Napier University.

2. Comment: Pg.2; Ln. 29-34 – Please avoid saying that this is the first qualitative study on the topic as there might be other qualitative studies published in related topics – e.g.:

Bian W, Wan J, Smith G, Li S, Tan M, Zhou F. Domains of health-related quality of life in age-related macular degeneration: a qualitative study in the Chinese cultural context. *BMJ Open*. 2018 Apr 17;8(4): e018756.

Response: We thank the reviewer's comments and changed the sentence as suggested:

"This study attempted to explore the patient experience of treatment decision making for wet age-related macular degeneration disease in China with a qualitative method."

3. Comment: Pg.2; Ln 36-44: It is not accurate to state that from a qualitative study we might get relevant recommendations to formulate interventions, so I'd suggest removing this sentence.

Response: We thank the reviewer's comments and changed the sentence to a more appropriate expression as suggested:

"The methodology generated four major themes that provide a deep understanding of the status and influencing factors of decision making, aiming to promote shared decision making."

4. Comment: Pg.3; Ln 25-27 – This statement on independent and dependent patients is not clear. It would be useful to explain these concepts with understand what sort of factors have been associated with decision making in this particular case.

Response: We thank the reviewer's comments and sorry for inaccurate expression of the sentence. The sentence has been presented in a more accurate way as follows:

"Passive patients tended to doctor-oriented decision making, while active patients preferred to taking an active part and making decisions on their own [1 2]".

5. Comment: Pg.4; Ln 44 – (1)What was the criterion to go for this sample size? Did authors use saturation as main criterion? In study limitations authors acknowledged data saturation so it would be useful to acknowledge saturation in this section too. (2)The other relevant omission is a paragraph on how authors would acknowledge reflexivity in this study, as this is paramount to address any potential sources of bias when conducting qualitative research.

Response: (1) We use saturation as the main criterion to go for this sample size. We read some related reports and expressed it in a more accurate way as follows:

"Purposive sampling was used to recruit patients from the Eye Clinic, and the recruitment stopped when the data were saturated."

The details on samples recruited at the end of the research should be in "Results", which has been transferred to the right place.

(2) Our research group has searched for the related methodology literature and restudied the reflexivity for a better expression in our paper[3]. The sentences about reflexivity in our study have been added in the part of “Data collection” in “Methods” as follows:

“Reflexivity is an acknowledgement of the role and influence of the researcher on the research project[3]. To consider the reflexivity, reduce the research bias and ensure the confirmability of the research findings, a reflexive diary of the themes and an audit trail for the entire research process were performed by one of the researchers (JW).”

6. Comment: Pg.5 – Data Analysis – How many researchers were involved in data analysis – was data analysed independently by two or more researchers?

Response: We thank the reviewer’s comments. More information has been added in this part to make it much clearer. The details are as follows:

“The analysis was conducted by JW, and the themes reviewed by WB and LW. To make sure the accuracy and rigour, all the members of the research group had regular meetings to discuss and modify the codes. Besides, all the themes extracted from the data were rechecked by the expert panel.”

7. Comment: Pg.10 – Discussion; Ln.27 – Please avoid saying this is the first study conducted in China.

Response: We thank the reviewer’s comments and changed the sentence to a more appropriate expression as suggested:

“This is the research using a qualitative study in China to explore the patient experience of treatment decision making for wet age-related macular degeneration disease.”

8. Comment: Discussion: this section is too much focussed on contextualising this study in China and addressing some cultural variables in relation to main findings. However, it would also be very useful to compare main findings against other studies conducted outside of China. There are several other qualitative studies addressing topics related to decision making in AMD patients in other countries such as Australia, UK, US and Netherlands.

Response: We thank the reviewer’s comments. We have searched and re-read the previous literature[4-18], and compared our main findings with other studies conducted outside of China. More details of analysis have been added in “Discussion” to deeply understand and explain the outcomes. The revision was in the discussion part marked with green color as suggested.

Reviewer Number: 2

1. Comment: The COREQ checklist is and demonstrates acceptable design and conduct of the work; note – this checklist inaccurately states that a phenomenological approach was employed.

Response: We thank the reviewer’s comments and are sorry for the inaccurate statement. We had corrected the “phenomenology” to “descriptive qualitative study” in the part of methodological orientation and theory.

2. Comment: Word limits inevitably constrain the presentation of data extracts, leading to a sense of superficiality in the data; use of text boxes to present additional/longer data extracts, including (where present) contrasting views would have been useful.

Response: We thank the reviewer's comments. After in-depth discussion by the research group, we enriched the results as suggested. And more quotations from participants are presented in Supplementary Table 1 submitted as a supplementary file. More details are presented in the part of Results and the supplementary file.

3. Comment: The discussion does draw upon some pertinent literature, but is overall rather superficial.

Response: We thank the reviewer's comments. We have searched and re-read the previous literature[4-18], and compared our main findings with other studies conducted outside of China. More details of analysis have been added in "Discussion" to deeply understand and explain the outcomes. The revision was in the discussion part marked with green color as suggested.

4. Comment: The potential challenges associated with implementing the recommendations and steps needed in order to realise these in policy and practice are not adequately addressed.

Response: We thank the reviewer's comments. The potential challenges associated with implementing the recommendations and steps needed in order to realise these in policy and practice are added at the end of the discussion as follows:

"Several strategies to improve patient decision making described in this qualitative study could be considered and implemented immediately. Firstly, it will formally incorporate peers with AMD (other patients) into the new patient group as instructors or educators, which is beneficial. Furthermore, the current shared decision making model based on the doctor-nurse-patient tripartite group should be revised to the doctor-nurse-patient-family model in the Chinese context, which is more suitable in China. Secondly, the scientific introduction of PDAs and establishment of standard application models will improve the shared decision making. Besides, standard training courses should be established for the medical staff and patients to make good use of the PDAs. Thirdly, the clinical practice guidelines for education about treatment options of AMD should be modified and contain more details about the duration time, contents and methods of the education."

5. Comment: There are some minor issues with English expression, but these do not affect clarity.

Response: We thank the reviewer's comments. The paper has been reviewed and corrected for spelling and grammatical correctness by Dr. Graeme Smith, a native English speaker from Edinburgh Napier University.

VERSION 2 – REVIEW

REVIEWER	Hugo Senra King's College London, UK
REVIEW RETURNED	19-Aug-2019

GENERAL COMMENTS	The manuscript has been improved and authors have correctly addressed most of previous issues.
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REVIEWER	Ann-Louise Caress University of Huddersfield, United Kingdom
REVIEW RETURNED	08-Aug-2019

GENERAL COMMENTS	Issues raised in the earlier review have been addressed, with resultant strengthening of the manuscript.
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